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PUBLIC HEALTH AND HUMAN SERVICES



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TO: Donna Zook, Board Chair
Priscilla Halcro, HBCS Director
Jan Cahill, CEO

FROM: Lori Wertz, QIS

SUBJECT: Home Based Services Review--FY07

The following should serve as annual summary of your HBS programs for the ending FY 07. It is based on the onsite file review, home visits throughout this past year as well as reports and information submitted by your agency.

It is a pleasure to work with QLC's HBS staff. Their continued commitment to the families they serve is an example of caregiving excellence. Their ability to adapt to the changes in our system, their thoughtful questions and their over all ability to advocate for both the system and their families is much appreciated.

This year there were several large projects that needed to be completed in order to fully implement the rates system. Time studies, piloting of the rates, and very large amounts of data collection including MONA and mini-MONA assessments were often done in a short amount of time. This was all in addition to normal work and often at inconvenient times when other state and federal reports were also due. It was a tough year of transition, changes and ultimately a new way of providing funding for services. My heartfelt appreciation goes to the staff for their perseverance and willingness to help shape this system.

As always, if you have any questions, comments or concerns, please do not hesitate to call me. In the meantime, I look forward to the privilege of working with Home Based Services this coming year.

cc: file
DDP/Central Office

NATIONAL ACCREDITATION REPORTS:

QLC received a three-year accreditation by CARF in August 2004. No new accreditation was required during this review period. Commendations from the 04 report can be seen in the FY05 summary.

CONSUMER SATISFACTION SURVEYS:

The agency consistently uses consumer surveys (using a Likard scale), but according to the program, return rates were rather low this year. The survey was revamped this past year, retaining the mandatory questions as required by Part C. In an attempt to give families yet another outlet to voice concerns and praises, the agency has implemented a new system of internal Quality Assurance that encompasses not only the consumer satisfaction surveys, but will ensure good matches between family support specialists and the folks served (see Internal Monitoring Systems).

FSSAC PARENT REPRESENTATIVE INPUT:

This region did not have a FSSAC parent representative this year.

HOME VISITS/FAMILY CONTACTS:

Home visits have occurred consistently over the past year. All service areas were represented (Part C, FES and IFES) with no significant issues to report. Personal visits with families have mirrored consumer survey information. Availability of respite and hab aide providers, the changes that might effect families due to implementation of the rates system, confusion between the various levels of service (FES, IFES and Part C) and what can be provided in each service were some of the discussions this year. Some families have fairly regular contact with Regional Office staff as well, so the lines of communication for families appear to be open and working!

INTERNAL MONITORING SYSTEMS:

This agency has a thorough monitoring system in place. Based on concerns as noticed by internal monitoring, the agency also implemented a QA contact verification process to ensure that contacts are timely and occurring. As noted in previous evaluations, files in this review evidenced consistent application of policy as well as service delivery. Quarterly summaries are routinely shared with the Regional Office and communication across this division continues to be a tremendous strength. This staff is not content to just have a system in place, they are always striving to be better than they were yesterday—and that level of ongoing vigilance is noted in the adjustments they make to their internal monitoring systems.

HBS staff have trained investigators under the state Incident Management policy and through that system, in conjunction with their internal monitoring systems, had two investigations related to the billing of respite or other waiver services. Both issues were resolved accordingly. As mentioned above, vigilance in the area of internal file reviews also led to changes in their monitoring systems when it was determined that some family contacts were not made or were not appropriately documented.

Recently, a 90 day review was added to the internal monitoring process. Under this guideline, a family is assigned an FSS and the family is contacted after about 3 months of service to assess whether any changes might be beneficial. This allows the family an opportunity to discuss any concerns they might have, allows the FSS time to assess family needs and allows the agency an opportunity to play to staff strengths and resources. If a

child has more behavioral needs, for example, the family can be offered an FSS with more behavioral or IABA background. Similarly, if for any reason the family or the FSS are not comfortable with each other, there is an opportunity to make changes. Of course, changes can be made at any time, but this 90 day window offers one more check in the balance system to ensure that family needs are met, that resources are best applied and that families are offered more choice. (QAOS 072307-4)

DOCUMENTATION OF PRAISE OR COMPLAINTS:

Early in the fiscal year (mentioned in the 06 report), a complaint had been lodged involving the hiring of a habilitation aide. The issues were addressed and ultimately the family changed jobs and moved to another area of the state. The agency worked hard to transition the family and the child's cost plan to the new provider.

Two other complaints were noted as evidenced by the agency's internal processes. Neither complaint was brought to the attention of the Regional Office by the family and was handled expediently and appropriately by the agency. One was a request for a different Family Support Specialist, the other concerned payment for speech therapy and was the result of an issue related to the implementation date of the IFSP. As previously noted, both issues were satisfactorily resolved.

Several new Family Support Specialists have been hired over the last year or so. The learning curve is huge for this position, particularly with the changes in reimbursement to the agencies. Despite the 'newness' of some of the staff, during home visits as noted by this reported, families site the willingness of family support specialists to help them and research assistance for them as an agency strength.

Attached as an addendum to this report is the Annual Performance Report for 05/06 as compiled by the DDP Central Office. Please note the high percentages of compliance noted. (QAOS 072307-5)

LICENSING INFORMATION

QLC is licensed as a child placing agency and that license is current. As noted in the previous evaluation: "Shared placements are encouraged and natural families are expected to provide respite for their child from a foster placement. HBS staff continues to perform the home studies for potential host families, with updates annually as required by licensing. Having the child and/or natural family meet a potential host family remains a standard for this program."

No new foster placements occurred this past year.

FINANCIAL AUDITS:

No significant issues were noted as a result of the most recent agency audit report as related to children's services.

As an aside to financial considerations, under the current rates structure, HBS has taken several proactive steps to reduce costs and overhead to the agency. These include a reduction of 2.25 FTE in Family Support Specialists, elimination of 1 supervisor FTE and

consolidation of office space. Additionally, the duties of an intake person (except FES/IFES) will be spread across positions in order to optimize resources.

One of the greatest strengths of this department is its record keeping. The use of file maker pro to create a data source that then transfers to ACCESS for billing purposes also acts as a back-up data file. Each child has a data base by service provision and Individual Cost Plan, allowing instant tracking and print-out of every expenditure. Due to the skills and knowledge of the HBS staff working on this, many potential data base issues were identified and corrected—a benefit to the agency and Statewide! (QAOS 072307-5).

FSS CERTIFICATIONS:

HBCS currently has 23 certified specialists (18 are fully certified, 5 are provisional).

Crisis Response:

HBS staff work closely as a unit and with the Regional Office when crisis presents itself. It is noted that the family support specialist staff are very close to the families they serve and that some surveys even note ‘she is just like family to us’ when responding to questions about their FSS. Crisis happens in many forms throughout the year. Families unable to maintain due to stress, illness, separation or divorce, medically fragile clients who sometimes die as a result of their condition, families whose choices impact their ability to maximize services, glitches in planned transitions—name just a few categories that pop up during the year. As an example of just one significant family issue, a child transitioning to the physically disabled waiver was suddenly in a position of losing Medicaid. The transition objectives were in place, HBS worked with the new provider to transition services. The application for disability determination had been completed, the family, family support specialist and PD waiver folks all believed that disability had been established for that program only to find out it had not. The child had been discontinued from IFES and enrolled in the new program (seamless service!) but now faced scheduled medical procedures without Medicaid coverage or case management/waiver support. In response, the agency worked with Senior and Long Term Care and the DD Regional Office. By facilitating the transfer of two other children to the more appropriate physically disabled waiver, we were able to re-place this child into IFES and are now just waiting for MEDS determination. SLTC is holding her slot with them during this time as well. Despite the painstaking care taken to ensure a smooth transition, mistakes happen. Outside of some initial stress for all involved, the family ultimately retained services until they are to access the appropriate waiver. This is a typical response to crisis for QLC children’s services. They work well with many agencies to provide the best available resources, referral and options for families.

FILE REVIEW:

Files were reviewed in accordance with the November 2003 version of Montana Evaluation Process for Family Education and Support Services. The sample included files from FES, Part C and IFES as well as children who exited Part C and those in transition to other services. Files document consistent use of multi-dimensional assessments, medical information and parental observations which determine the course of the IFSPs.

There were NO significant issues to report as a result of the file review. The attached table and Quality Assurance Observation Sheets reflect the findings.

OTHER INFORMATION:

Agency policy reflects updated requirements for Part C, including ECO. It is noted that with some of the controversy arising from some of those changes, the agency is awaiting final determination prior to implementation of some of the newest recommendations.

The HBS staff have completed several investigations this past year as required by the state Incident Management Policy. While the state policy is considered part of our waiver language, HBS staff use it for all services provided (general fund and Medicaid alike). The largest number of incident reported this year were hospitalizations and child protective services involvement in Part C and FES-served homes. As is sometimes the case with the small children with significant medical and health care issues, there were three deaths reported through Part C/FES as well. The Regional Office conducted one investigation due to the death of an IFES-funded child with significant health care needs (QAOS 072307-6).

Outreach, family support groups, training and community involvement continue to be priorities for the HBS program. Examples this year include: continuation of the integrated movement and dance program “Nurturing Pathways” (which is becoming more self sufficient in that the program is now paying for its own materials and a portion of staff time!), Cops Talk, Positive Peers for young teens in services (a mentoring program involving teens in the Havre and Great Falls communities), the continuation of therapies (noted last two evals) out of the Shelby office and providing services to Browning, Cutbank, Shelby and Conrad, the addition of a chapter of the Autism Society of America, membership in the High Risk committee through Benefis Health Care as an equal member, a newly developed Parent’s Advisory Committee, a newsletter for families on the waiting list, and the addition of E&D clinics (Full Circle) as part of the services provided by HBS. It is also noted that the agency continues to look for grants and additional sources of revenue to help provide new services and supports for families. Currently, HBS is working with Benefis Hospital to secure funding for Team Building activities that will benefit families and agencies. This is again by no means an exhaustive list of accomplishments, but continues to detail the level of commitment and community presence and involvement of this staff.

As always, it has been a pleasure to work with the HBS staff. This is a group of people who are always thinking: thinking of better ways to provide services, better ways to maximize resources, better ways of involving families, better ways of communicating, better ways of documentation. Thank-you for your constant attention to detail and for your ongoing commitment to the families you serve.